

Beneficiary Update Form

Phone: (808) 847-8560

Revised: 09/01/2017

MEMBER NAME - [REQUIRED] BENEFICIARY INFORMATIO This form can only be used to BENEFICIARY NAME 1 RESIDENCE ADDRESS (NOT PO BOX) HOME TELEPHONE () -	DN	RELATION CITY	TO ACCOUNT HOLDER SOCIAL SECURITY NUM	:	STATE	EFFECTIVE DATE IT ACCOUNT. BIRTHDATE ZIP MOTHER'S MAIDEN NAME
BENEFICIARY INFORMATIO This form can only be used to BENEFICIARY NAME 1 RESIDENCE ADDRESS (NOT PO BOX) HOME TELEPHONE () -	UPDATE missing infor	RELATION CITY	EXISTING benefit to account holder	:	STATE	BIRTHDATE
BENEFICIARY INFORMATIO This form can only be used to BENEFICIARY NAME 1 RESIDENCE ADDRESS (NOT PO BOX) HOME TELEPHONE () -	UPDATE missing infor	RELATION CITY	EXISTING benefit to account holder	:	STATE	BIRTHDATE
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This form can only be used to BENEFICIARY NAME 1 RESIDENCE ADDRESS (NOT PO BOX) HOME TELEPHONE () -	UPDATE missing infor	RELATION	TO ACCOUNT HOLDER SOCIAL SECURITY NUM	:	STATE	BIRTHDATE
BENEFICIARY NAME 1 RESIDENCE ADDRESS (NOT PO BOX) HOME TELEPHONE () -		RELATION	TO ACCOUNT HOLDER SOCIAL SECURITY NUM	:	STATE	BIRTHDATE
HOME TELEPHONE () -	CELLULAR PHONE () -					
() -	CELLULAR PHONE () -	RELATION		MBER / TIN	N	MOTHER'S MAIDEN NAME
() -	() -	RELATION		VIDEK / IIN		WOTHER S MAIDEN NAME
/	\ /	RELATION	TO ACCOUNT HOLDER			
BENEFICIARY NAME 2			O ACCOUNT HOLDER			BIRTHDATE
RESIDENCE ADDRESS (NOT PO BOX)		CITY	CITY STATE			ZIP
	<u></u>		1			
HOME TELEPHONE	CELLULAR PHONE		SOCIAL SECURITY NUM	MBER / TIN	ı	MOTHER'S MAIDEN NAME
	_					
AUTHORIZATION						
SIGNATURE – [REQUIRED]				DATE -	[REQUIRED]	
FOR OFFICE USE ONLY:						
☐ MAILED TO MEMBER	PROCESSED / SIGNATURE VERIFIED					
Date:	Date:	☐ ID Type:		ID #	#: 	
TELLER # / INITIALS: /	TELLER # / INITIALS:	/	Acct Card Docu	Sign	ID EXP:	
FOR SUPPORT SERVICES USE O	ONLY:					
☐ IRA ☐	VERIFIED (Support Services)					
Date: Date	e:					
TELLER # / INITIALS: / TELL	LER # / INITIALS: /					

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Notes:

832 South Hotel Street, Honolulu, HI 96813